Scl	hedule E)		PAGE 1 OF 58 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C C00530766
			O constitution
Che	eck if 24-hour report X 48-hour report New rep	port Amends repor	ort filed on Man / Dab / Yayayay
	Full Name of Payee Matt M Clarke		Date of Public Distribution/Dissemination
			09 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1254 Fleming St Apt 6		Amount
ŀ	City State	Zip Code	30.00
	Conway AR	72032	Transaction ID : cbe4e882-f597-4bf8-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	09 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate	Support	Office Sought: House District: 00
	Mr. Mark L Pryor	X Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	94086.88	Disbursement For: Primary
	Full Name of Payee		Date of Public Distribution/Dissemination
	Matt M Clarke		09 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1254 Fleming St Apt 6		Amount
ŀ	City State	Zip Code	18.00
	Conway AR	72032	Transaction ID : 3bbb8b4c-d842-4fac-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	09 / 19 / 2014
ľ	Name of Federal Candidate	Support	Office Sought: House District: 00
	Mr. Mark L Pryor	X Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	94086.88	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(-) CURTOTAL of Hamisad Indopendent Evpanditures		49.00
(4	a) SUBTOTAL of Itemized Independent Expenditures		48.00
(1	b) SUBTOTAL of Unitemized Independent Expenditures		•
(0	c) TOTAL Independent Expenditures		
W	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	
		nically Filed] Date	9 09 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		

Schedule E)		PAGE 2 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report Ne	ew report Amends report fi	iled on M M M / D D / Y Y Y Y Y Y
Full Name of Payee Sandra L Clarke		Date of Public Distribution/Dissemination
Mailing Address 1254 Fleming St Apt 6		09 19 2014
		Amount
City State	Zip Code	30.00
Conway AR	72032	Transaction ID: 7636150d-f2fd-4def-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 19 / 2014
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Mr. Mark L Pryor	Oppose [President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary X General 114 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Timothy Foley		M = M / D = D / Y = Y = Y
Mailing Address 20679 Glenbrook Terrace		09 19 2014
		Amount
City State	Zip Code	35.00
Sterling VA	20165	Transaction ID: e6e95a43-17d9-467d-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Mr. Mark L Pryor	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary
	· · ·	
(a) SUBTOTAL of Itemized Independent Expenditures	······	65.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or auth party committee) any political party committee or its agent.		
Ms. Emily Buchanan [El	lectronically Filed] Date	09 21 2014
Signature		

Schedule E)	PENT EXTEND	HONES	PAGE 3 OF 58 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC	Vomen Speak Out PAC						
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on				
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination				
Mailing Address 5510 Dogwood Dr			09 19 2014 Amount				
City Winston Salem	State NC	Zip Code 27105	27.50 Transaction ID: ec4d31f6-0dd0-4eac-9				
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Kay Hagan		X Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought	, , ,	318633.00	Disbursement For: Primary General Q014 Gther (specify) ▶				
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination				
			09 / 19 / 2014				
Mailing Address 5510 Dogwood Dr			Amount				
City	State	Zip Code	13.08				
Winston Salem	NC	27105	Transaction ID : 5cd4bab3-e684-4d8a-a Date of Disbursement or Obligation				
Purpose of Expenditure Mileage		Category/ Type 002	09 / 19 / 2014				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Kay Hagan		X Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought	7	318633.00	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Exper	ditures		. ▶ 40.58				
(b) SUBTOTAL of Uniternized Independent Exp	penditures						
			4 4				
(c) TOTAL Independent Expenditures			•				
	ndidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political				
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Olynatul c							

Schedule E)	DEI ENDEN. EX. E	1101120		PAGE 4 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
	72		M = M /	D D / Y T Y T Y
	-hour report New repo	ort Amends repo	rt filed on	
Full Name of Payee Joanna Kindstedt			Date of Public	Distribution/Dissemination
Mailing Address 2134 Tobaccoville	⊋ Rd		Amount	10 120
City	State	Zip Code		27.50
Rural Hall	NC	27045		D: c029086e-ee3e-45bb-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sough	t 3	318633.00	Disbursement For: 2014 Other (sp	Primary ☐ General eccify) ►
Full Name of Payee Royce W Martin			Date of Public	c Distribution/Dissemination
Mailing Address 317 Farris Rd A	Apt 1		09 Amount	19 2014
City	State	Zip Code		30.00
Conway	AR	72034	Transaction II Date of Disbu	D: aa40de78-39ef-4a6e-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sough	t	318633.00	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Indepen	ndent Expenditures		. •	57.50
(b) SUBTOTAL of Unitemized Inde	pendent Expenditures		•	
(c) TOTAL Independent Expenditur	es		•	7 1 7
Under penalty of perjury I certify the with, or at the request or suggestion party committee) any political party	n of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date	09 21	2014
Signature		_		

Schedule E)		PAGE 5 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report file	ed on Mam / Dad / Yayayay
Full Name of Payee Royce W Martin		Date of Public Distribution/Dissemination
Mailing Address 317 Farris Rd Apt 1		09 19 2014 Amount
1 ,	ate Zip Code AR 72034	6.00 Transaction ID : da01eed0-9ab6-476c-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Kay Hagan	Support Only	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	318633.00 Dist 201	bursement For: Primary
Full Name of Payee Royce W Martin Mailing Address 317 Farris Rd Apt 1		Date of Public Distribution/Dissemination 09 19 2014 Amount
City St	ate Zip Code	30.00
1 '	AR 72034	Transaction ID : 2cad0d99-0155-4a51-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 19 / 2014
Name of Federal Candidate	Support Offi	ce Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought	94086.88 Dis 201	bursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	36.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	r authorized committee or agent of eith	
Ms. Emily Buchanan	[Electronically Filed] Date	09 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	_	

Schedule E)	LF LHOLIN LAI LIND.	ITOTILO		PAGE 6 OF 58 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼		
Women Speak Out PAC	Vomen Speak Out PAC					
Check if 24-hour report X 48-hour	our report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y		
Full Name of Payee			Date of Publi	ic Distribution/Dissemination		
Royce W Martin			09	/ 19 / 2014		
Mailing Address 317 Farris Rd Apt 1			Amount			
City	State	Zip Code		6.00		
Conway	AR	72034		ID: 2bae7473-f8a1-415e-8 ursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	09 -	19 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Mark L Pryor		X Oppose		Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	7	94086.88	Disbursement For: 2014 Other (sp	Primary		
Full Name of Payee			Date of Publ	ic Distribution/Dissemination		
Regina R Mouton			M 09	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 5827 Brighton PI			Amount			
City	State	Zip Code	—	15.00		
New Orleans	LA	70131		D: f292d096-3788-474e-9 ursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	09	19 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		122209.33	Disbursement For: 2014 Other (s	Primary X General pecify) ▶		
(a) SUBTOTAL of Itemized Independent	ent Expenditures		•	21.00		
(b) SUBTOTAL of Unitemized Indepe	ndent Evnenditures		. —			
(b) CODICIAL OF CHICAMANA MESES	Mont Expondition in initial			7		
(c) TOTAL Independent Expenditures)			
Under penalty of perjury I certify that with, or at the request or suggestion of party committee) any political party co	of, any candidate or authorized					
Ms. Emily Buchanan	[Electron	nically Filed] Date	9 09 21	/ Y Y Y Y Y 2014		
Signature		_ J J Date	00 21	2011		

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Regina R Mouton	M M / D D / Y Y Y Y Y
Mailing Address 5827 Brighton Pl	09 19 2014 Amount
City State Zip Code New Orleans LA 70131	6.00 Transaction ID : 431320d6-e727-43c5-9
	Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 / 19 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary ⊠ General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Sue G Walker	09 19 2014
Mailing Address 3 Girard	30 10 2014
	Amount
City State Zip Code	70.00
Fort Smith AR 72901	Transaction ID : 21b93a9a-cad8-48b7-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M M / D D / Y Y Y Y
Type Type	09 19 2014
Name of Federal Candidate Support Offic	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
	ursement For: Primary X General
Per Election for Office Sought 94086.88 2012	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	76.00
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan	-M / D - D / Y - Y - Y
(77) () 11 771 17	09 21 2014
g	

Schedule E)	LAFLIND	TOTILO		PAGE 8 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo		M / D D / Y B Y B Y B Y
Full Name of Payee			Date (of Public Distribution/Dissemination
Sue G Walker				09 19 2014
Mailing Address 3 Girard			Amour	nt
City	State	Zip Code	— Г.	18.00
Fort Smith	AR	72901		action ID : e65cb825-a731-4fb4-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		09 19 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		94086.88	Disbursement 2014 Of	t For:
Full Name of Payee			Date of	of Public Distribution/Dissemination
Monique Guillory			М	09 19 2014
Mailing Address 409 LaSalle Drive			Amou	nt
City	State	Zip Code		35.00
Little Rock	AR	72211		ction ID : 12c2ffff-34ab-4f29-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 / 19 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		94086.88	Disbursemen 2014 O	t For: Primary General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		>	53.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres			
(c) TOTAL Independent Expenditures				
(b) TOTAL IIIdopondoni Exponditaros			· L.	7 7 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 09	21 2014
Signature		_ · · · · · · · · · · · ·	ا لتنا	

Schedule E)	I EXI END	TOTILO		PAGE 9 OF 58 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼			
Women Speak Out PAC	Vomen Speak Out PAC						
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y			
Full Name of Payee Monique Guillory			Date of Pul	olic Distribution/Dissemination			
Mailing Address 409 LaSalle Drive			09	19 2014			
			Amount				
City	State	Zip Code		7.50			
Little Rock Purpose of Expenditure	AR	72211		n ID: 62b6dc19-ce1d-4af3-9 bursement or Obligation			
Mileage		Category/ Type 002	09	19 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Mr. Mark L Pryor		X Oppose	President	Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought	, , ,	94086.88	Disbursement For: 2014 Other (Primary ⊠ General			
Full Name of Payee			Date of Pu	blic Distribution/Dissemination			
Edward N Walker			09	19 / 2014			
Mailing Address 3 Girard St			Amount				
City	State	Zip Code		60.00			
Ft Smith	AR	72901		ID: a82ca270-3257-46e6-b sbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	09	19 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Mr. Mark L Pryor		X Oppose	President	Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought	, ,	94086.88	Disbursement For 2014 Other	:			
(a) SUBTOTAL of Itemized Independent Expenditures	s			67.50			
,				7 7			
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		· •	9- 1			
(c) TOTAL Independent Expenditures			>	7 1 7 1 7			
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 21				
Jigilatule							

Schedule E)	II EXI END	HONES		AGE 10 OF 58 DR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDEN	ITIFICATION NUMBER ▼			
women Speak Out PAC	Vomen Speak Out PAC C c00530766						
Check if 24-hour report X 48-hour report	X New rep	oort Amends repo	t filed on/	D = D / Y = Y = Y			
Full Name of Payee Edward N Walker			M M /	istribution/Dissemination			
Mailing Address 3 Girard St			09 Amount	19 2014			
City	State	Zin Codo		10.05			
Ft Smith	AR	Zip Code 72901		208fc7d6-0ca2-4577-b			
Purpose of Expenditure Mileage		Category/ Type 002		19 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Mr. Mark L Pryor		Oppose		Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought	7	94086.88	Disbursement For: 2014 Other (specif	Primary			
Full Name of Payee Jodi Fountain			Date of Public D	istribution/Dissemination			
Mailing Address 1010 S Dogwood Drive			09 Amount	19 2014			
			Amount				
City	State	Zip Code		32.50			
Bogalusa Purpose of Expenditure	LA	70427	Date of Disburse	b75c0880-bbd8-4ab4-9 ement or Obligation			
Salary		Category/ Type 001	09 /	19 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	7 7	122209.33	Disbursement For: 2014 Other (speci	Primary X General fy) ▶			
(a) SUBTOTAL of Itemized Independent Expenditur	es			42.55			
(b) CURTOTAL of Uniterpired Independent Expanding	turo						
(b) SUBTOTAL of Unitemized Independent Expendi	lures		>	7			
(c) TOTAL Independent Expenditures			•	1 1 1 1 1 1 1			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid- party committee) any political party committee or its	ate or authorized						
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	M = M / D = D / 21	2014			
-							

Schedule E)	INT EXI END	ITORES	F	PAGE 11 OF 58 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼			
Vomen Speak Out PAC							
Check if 24-hour report X 48-hour report	check if 24-hour report X 48-hour report New report Amends report filed on						
Full Name of Payee			Date of Public	Distribution/Dissemination			
Jodi Fountain			M M /	19 / 2014			
Mailing Address 1010 S Dogwood Drive			Amount				
City	State	Zip Code		10.50			
Bogalusa	LA	70427		: 38aa37a0-f212-4d69-9 sement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	09	19 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Mary L Landrieu		X Oppose	President X	<u> </u>			
Calendar Year-To-Date Per Election for Office Sought	7 7	122209.33	Disbursement For: 2014 Other (spe	Primary			
Full Name of Payee			Date of Public	Distribution/Dissemination			
Jodi Fountain			M M /	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 1010 S Dogwood Drive			Amount				
City	State	Zip Code		10.00			
Bogalusa	LA	70427		: d336842b-538a-4350-a sement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	M M /	19 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	-55	122209.33	Disbursement For: 2014 Other (spe	Primary			
(a) SUBTOTAL of Itemized Independent Expenditu	ures		·	20.50			
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•				
(c) TOTAL Independent Expenditures)				
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 21	2014			
• · · · · · · · · · · · · · · · · · · ·							

Schedule E)	LIVI EXI END	HONES	<u> </u>	PAGE 12 OF 58 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼		
Vomen Speak Out PAC						
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y		
Full Name of Payee			Date of Public I	Distribution/Dissemination		
Jodi Fountain			09	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1010 S Dogwood Drive			Amount			
City	State	Zip Code		26.40		
Bogalusa	LA	70427		: 88256c80-3634-41af-b ement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	M M / 09	19 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		X Oppose	President X			
Calendar Year-To-Date Per Election for Office Sought	.,.,	122209.33	Disbursement For: 2014 Other (spec	Primary		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Laura U Logie			09	19 / 2014		
Mailing Address 2565 Shire Circle			Amount			
City	State	Zip Code		20.00		
Harrisonburg	VA	22801		8d0af8fb-1e0b-4c7d-9 sement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	09	19 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		Oppose	President X	Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		318633.00	Disbursement For: 2014 Other (spec	Primary		
(a) SUBTOTAL of Itemized Independent Expen	ditures			46.40		
			-7-	7		
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>	7		
(c) TOTAL Independent Expenditures			•	7		
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 21	2014		
-						

Schedule E)				PAGE 13 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Krystal A Wilson			M	
Mailing Address 448 Judson Dr			Amount	19 2014
City	Ctoto	Zin Codo		45.00
City Wake Forest	State NC	Zip Code 27587		45.00 tion ID : 95ebcc52-401e-414a-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	3	18633.00	Disbursement F 2014 Othe	or:
Full Name of Payee Virginia T Grant			M	
Mailing Address 134 Shore Crest Circle			Amount	9 19 2014
City	State	Zip Code		40.00
Carrire	MS	39426		on ID: 4ec06fe7-bd02-4f87-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Noppose Noppose	President	
Calendar Year-To-Date Per Election for Office Sought	, ,	122209.33	Disbursement F 2014 Othe	or: Primary
(a) SUBTOTAL of Itemized Independent Expenditure	s			85.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres			
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		21 2014

Schedule E)	VI EXI END	ITOTILO		PAGE 14 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Virginia T Grant			Date of Public	Distribution/Dissemination
Mailing Address 134 Shore Crest Circle			09	19 2014
			Amount	
City	State	Zip Code		9.30
Carrire	MS	39426		D: ae478ab3-38b5-4c3c-b rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 09	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	122209.33	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Miranda A Resinos			09	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1430 Sunnyside Rd			Amount	
City	State	Zip Code		70.00
Alma	AR	72921		D: cc0c77d2-8a57-4733-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	94086.88	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res			79.30
,			7	4
(b) SUBTOTAL of Unitemized Independent Expendent	litures		· •	
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 21	2014
Signaturo				

Schedule E)	LIVI LXI LIVI	DITOTILO	PAGE 15 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	ort filed on
Full Name of Payee Miranda A Resinos			Date of Public Distribution/Dissemination
Mailing Address 1430 Sunnyside Rd			09 19 2014 Amount
	0		
City Alma	State AR	Zip Code 72921	6.30 Transaction ID: 3c3703d4-5220-4cfa-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	94086.88	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Kirsten E McKinney			Date of Public Distribution/Dissemination
Mailing Address 1419 S Highbush Ave			09 19 2014 Amount
City	State	Zip Code	15.00
Fayetteville	AR	72701	Transaction ID : a49b83cc-d9ac-4a9d-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1-7-1-1-7	94086.88	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		21.30
(b) SUBTOTAL of Unitemized Independent Expe	enditures		. •
(c) TOTAL Independent Expenditures)
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 09 21 2014
Signaturo			

Schedule E)	DENT EXTEND	TI OTILO	PAGE 16 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt New re	port Amends repo	t filed on
Full Name of Payee Kirsten E McKinney			Date of Public Distribution/Dissemination
Mailing Address 1419 S Highbush Ave			09 19 2014 Amount
		7: 0 !	
City Fayetteville	State AR	Zip Code 72701	4.80 Transaction ID: 1da04c28-2bb8-4443-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		94086.88	Disbursement For:
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination
Mailing Address 6610 Walcott Rd			09 19 2014
			Amount
City	State	Zip Code	10.00
Paragoud Purpose of Expenditure	AR	72450	Transaction ID: 4e0a7f3a-5884-40d8-8 Date of Disbursement or Obligation
Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		94086.88	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expe	nditures		14.80
(b) CURTOTAL of Unitemized Independent Ex	rn an ditura a		
(b) SUBTOTAL of Unitemized Independent Ex	penditures		7 7 7
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

	icuaic Ly			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷V	omen Speak Out PAC		С	C00530766	
Che	ck if 24-hour report X 48-hour report New report Amends report	t filed o	n Man	/ D D /	Y = Y = Y = Y
Т	Full Name of Payee	ı	Date of Pub	lic Distribution/	Dissemination
	Claire A Smith		09	19	2014
	Mailing Address 6610 Walcott Rd	,	Amount		
ŀ	City State Zip Code				1.80
	Paragoud AR 72450			ID: 952a6d34 oursement or C	-ad3f-40b0-a
	Purpose of Expenditure Mileage Category/ Type 002		09	19	2014
ı	Name of Federal Candidate Support	Office S	Sought:	House	District: 00
	Mr. Mark L Pryor Oppose		President	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought 94086.88	Disburs 2014	ement For:	Primary	X General
ŀ	Full Name of Payee			specify)	Discouringstion
	Rachel L Anzalone		M M M 09	olic Distribution/	2014
ľ	Mailing Address 2319 West Oak		Amount	19	2014
ŀ	City State Zip Code				20.00
	El Dorado AR 71730	Т	ransaction Date of Dist	ID: eb3f97f5-c	13ae-4979-9 Obligation
	Purpose of Expenditure Salary Category/ Type 001		09 ^M	19 /	2014
ŀ	Name of Federal Candidate Support	Office S	Sought:	House	District:00
	Mr. Mark L Pryor Oppose	F	President	Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought 94086.88	Disburs 2014	sement For: Other (s	Primary specify) ▶	X General
(a	a) SUBTOTAL of Itemized Independent Expenditures	• [21.80
(1	b) SUBTOTAL of Unitemized Independent Expenditures	•			
(0	c) TOTAL Independent Expenditures	• [
W	Inder penalty of perjury I certify that the independent expenditures reported herein were revith, or at the request or suggestion of, any candidate or authorized committee or agent of arty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	M = N	/ D 1	D / Y Y 201	Y Y 4
	Signature				

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OF

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Sched	lule E)	, L /(1 L.(2)	1101120		PAGE 18 OF 58 FOR SE OF FORM 24/48
	DF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	nen Speak Out PAC				C C00530766
Check if	f 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
	Name of Payee ogan B Piper			Date of	of Public Distribution/Dissemination
	ling Address 3205 Pebble Beach Rd				09 / 19 / 2014
	3203 Febble Beach Nu			Amou	nt
City		State	Zip Code		31.40
	nway	AR	72034		action ID: 4d28a171-b1c9-4ccd-a of Disbursement or Obligation
Sal	pose of Expenditure ary		Category/ Type 001	M	09 / 19 / 2014
Nan	ne of Federal Candidate		Support	Office Sough	t: House District: 00
Mr.	Mark L Pryor		X Oppose	Preside	ent State: AR
	Calendar Year-To-Date Per Election for Office Sought		94086.88	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
	Name of Payee			Date	of Public Distribution/Dissemination
LC	ogan B Piper			N	09 19 2014
Mai	ling Address 3205 Pebble Beach Rd			Amou	
City.		01-1-	75 0-4-		10.50
City Co	nway	State AR	Zip Code 72034	Transa	10.59 action ID : a0d12628-da18-40e9-9 of Disbursement or Obligation
	pose of Expenditure eage		Category/ Type 002		09 / 19 / 2014
Nar	ne of Federal Candidate		Support	Office Sough	it: House District: 00
Mr.	Mark L Pryor		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	94086.88	Disbursemen 2014	t For: Primary X General ther (specify) ▶
(a) S	SUBTOTAL of Itemized Independent Expenditure	·			41.99
(ω) -	TOTAL OF ROTHEOU PROPORTION EXPORTANCE.	3		,	71.00
(b) S	SUBTOTAL of Unitemized Independent Expenditu	ıres		•	7 7 7
(c) T	TOTAL Independent Expenditures			•	7 1 7 1 7
with,	r penalty of perjury I certify that the independer or at the request or suggestion of, any candidat committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09	21 2014
Si	gnature		_		

Sc	hedule E)		TOTALO		PAG FOR	GE 19 OF 58 R SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					IFICATION NUMBER ▼
W	omen Speak Out PAC					530766
Che	eck if 24-hour report X 48-hour report New	v repo	ort Amends repor	rt filed on	M = M / D	D / Y = Y = Y
	Full Name of Payee Pamela Hooper			Da	M M / D	tribution/Dissemination
	Mailing Address 502 N Oak St			Ar	nount	
ŀ	City State		Zip Code	— Г		40.00
	Little Rock AR		72205			e5419bb-4b76-41c0-b ent or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		09 / D	19 / 2014
ı	Name of Federal Candidate		Support	Office So	ught: Ho	ouse District: 00
	Mr. Mark L Pryor		X Oppose	Pre	sident Se	enate State: AR
	Calendar Year-To-Date Per Election for Office Sought	,	94086.88	Disburser 2014	nent For: Other (specify)	Primary
Γ	Full Name of Payee			Da	ate of Public Dis	tribution/Dissemination
-	Pamela Hooper				M M / D	19 2014
ŀ	Mailing Address 502 N Oak St				03	19 2014
1	002 11 0011 01			Aı	nount	
ŀ	City State		Zip Code	ΗГ		13.80
	Little Rock AR		72205	Tra Da	nsaction ID : 5b	084dd87-d593-4b76-8 ment or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		M M / D	19 / 2014
ľ	Name of Federal Candidate		Support	Office Sc	ught: H	ouse District: 00
	Mr. Mark L Pryor		Oppose	Pre	esident X Se	enate State: AR
	Calendar Year-To-Date Per Election for Office Sought	7	94086.88	Disburse 2014	ment For: Other (specify	Primary X General) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•		53.80
(b) SUBTOTAL of Unitemized Independent Expenditures			•		494
(c) TOTAL Independent Expenditures			•	7	
٧	Under penalty of perjury I certify that the independent expendivith, or at the request or suggestion of, any candidate or authorizing committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Ele	ectroni	cally Filed] Date	M M M	/ 21 /	2014
	Signature		_			

Sc	chedule E)	LIVE	TI OTILO		PAGE 20 OF 58 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	port Amends repo	ort filed on	M = M / D = D / Y = Y = Y
	Full Name of Payee James R Hooper			Da	ate of Public Distribution/Dissemination
	Mailing Address 502 N Oak St			Am	09 19 2014 mount
1	City State		Zip Code	— Г	40.00
	Little Rock AR		72205		ransaction ID : 9221b5ec-83eb-4d6d-a ate of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		09 19 2014
Ì	Name of Federal Candidate		Support	Office Sou	ought: House District: 00
Ī	Mr. Mark L Pryor		Oppose		esident State: AR
	Calendar Year-To-Date Per Election for Office Sought		94086.88	Disbursen 2014	ment For: Primary
	Full Name of Payee Kenny Wallis			Da	ate of Public Distribution/Dissemination
	Mailing Address 6412 Osage Dr			An	mount
Ì	City State	·	Zip Code		55.00
	North Little rock AR		72116	Tra	ansaction ID : f1b7b2a9-55ad-49a8-8 ate of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		09 / 19 / 2014
Ì	Name of Federal Candidate		Support	Office So	ought: House District: 00
	Mr. Mark L Pryor		Oppose		esident Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		94086.88	Disburser 2014	ment For:
((a) SUBTOTAL of Itemized Independent Expenditures				95.00
((b) SUBTOTAL of Unitemized Independent Expenditures			·· • [
((c) TOTAL Independent Expenditures				
١	Under penalty of perjury I certify that the independent expewith, or at the request or suggestion of, any candidate or auparty committee) any political party committee or its agent.				
		[Electron	nically Filed] Date	e 09	21 2014
	Signature				

Schedule E)	EXI END			PAGE 21 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	= M / D = D / Y = Y = Y = Y
Full Name of Payee			Date o	f Public Distribution/Dissemination
Kenny Wallis				09 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6412 Osage Dr			Amour	nt
City	State	Zip Code		2.40
North Little rock	AR	72116		action ID: 4db79b34-43fb-4efa-8 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	09 / 19 / 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Mr. Mark L Pryor		Oppose	Preside	nt Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	94086.88	Disbursement 2014 Ot	For: Primary
Full Name of Payee			Date o	of Public Distribution/Dissemination
Patrice Wolfe				09 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9909 Treasure Hill Rd			A	
			Amour	ıt
City	State	Zip Code		15.00
Little Rock	AR	72205	Transac Date of	ction ID : f3fbd83c-c705-491a-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	09 / D D / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	t: House District:00
Mr. Mark L Pryor		Oppose	Preside	ent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, ,	94086.88	Disbursement 2014 Of	t For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	s		•	17.40
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M /	21 2014
Signature				

Sc	hedule E)	A: =::=:	101120				PAGE 22 OF 58 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
VV	omen Speak Out PAC					С	C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort An	mends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
T	Full Name of Payee Patrice Wolfe					of Public	c Distribution/Dissemination
-	Mailing Address 9909 Treasure Hill Rd				Amo	09 unt	19 2014
ŀ	City Stat	ıto.	Zip Code				1.50
	Little Rock AF		72205				ID: cbe8a490-3eee-4a09-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type			M M 09	19 2014
l	Name of Federal Candidate			Support	Office Soug	ht:	House District:00
	Mr. Mark L Pryor			Oppose	Presid		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		94086.88		Disburseme	nt For: Other (sp	Primary
	Full Name of Payee David Ford				Date	M = M	c Distribution/Dissemination
-	Mailing Address 106 Hillside St				Amo	09 ount	19 2014
ŀ	City Sta	ate	Zip Code		$\dashv \Gamma$		15.00
	Spindale NO	C	28160				D: d381d641-e116-42b7-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type] [09	19 2014
	Name of Federal Candidate			Support	Office Soug	ght:	House District:00
	Ms. Kay Hagan		X	Oppose	Presi		Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		318633.0)0	Disburseme 2014	ent For: Other (sp	Primary X General Decify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures				· [16.50
((b) SUBTOTAL of Unitemized Independent Expenditures.				- -		1 1 2 1 1 2 1
((c) TOTAL Independent Expenditures				· -		
W	Under penalty of perjury I certify that the independent ex vith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	09	21	2014
	Signature						

Schedule E)	TOERT EXTERNS	1101120		PAGE 23 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour rep	port New repo	ort Amends repo	ort filed on	/ D D / Y D Y D Y
Full Name of Payee David Ford			Date of Publ	ic Distribution/Dissemination
Mailing Address 106 Hillside St			Amount	19 2014
City Spindale	State NC	Zip Code 28160		16.95 ID: 66a9182a-7507-4be2-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disb	ursement or Obligation / 19 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	3	318633.00	Disbursement For: 2014 Other (s	Primary
Full Name of Payee Thomas Dias			Date of Publ	ic Distribution/Dissemination
Mailing Address 110 Maryella Dr			Amount	10 2017
City	State	Zip Code	— r	45.00
Searcy	AR	72143	Transaction I Date of Disb	D: 5e344552-63b6-44a6-8 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		94086.88	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Exp	penditures		•	61.95
(b) SUBTOTAL of Unitermized Independent	Expenditures		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09 21	2014
Signature				

Schedule E)	PAGE 24 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D D / Y D Y D Y
Full Name of Payee Date of Thomas Dias	f Public Distribution/Dissemination
	09 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 Maryella Dr Amount	t
City State Zip Code	6.00
	ction ID: 903a0832-9e75-49a5-b f Disbursement or Obligation
Purpose of Expenditure Category/	09 19 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Mr. Mark L Pryor	nt Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Oth	For: Primary
	f Public Distribution/Dissemination
	09
Mailing Address 112 apache Dr Amoun	t
City State Zip Code	35.00
	ction ID : de0a6eb3-b02f-43e1-9 f Disbursement or Obligation
Purpose of Expenditure Category/	09 / 19 / 2014
Name of Federal Candidate Support Office Sought:	: House District:00
Mr. Mark L Pryor Oppose Presider	nt Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Ott	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	41.00
	7 1 7 1 7 1
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in co with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 09	21 / 2014

Schedule E)	INT EXI EN	STICILO	PAGE 25 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination
Mailing Address 112 apache Dr			09 19 2014
			Amount
City	State	Zip Code	3.00
Search	AR	72149	Transaction ID: 0d982c49-6cb8-4eed-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 19 / Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		94086.88	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Tammay Williams			09 19 2014
Mailing Address 924 N. Prieur St			Amount
City	State	Zip Code	65.00
New Orleans	LA	70116	Transaction ID: b1b5ba0a-1d52-4b01-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		122209.33	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		68.00
,			7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	09 21 2014
Signaturo			

Schedule E)	PAGE 26 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report	ort filed on
Full Name of Payee Tammay Williams	Date of Public Distribution/Dissemination
Mailing Address 924 N. Prieur St	09
City State Zip Code	19.50
New Orleans LA 70116	Transaction ID : bbe6c33d-0b99-415d-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 122209.33	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Antoinette Franklin	Date of Public Distribution/Dissemination 09 09 09 09 09 09
Mailing Address 8822 Apple St	Amount
City State Zip Code	60.00
New Orleans LA 70188	Transaction ID : 5802d085-bac9-4f01-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / 19 / 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	79.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	•
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	9 09 21 2014
Signature	

Schedule E)		THE EXTENS	TONLO		PAGE 27 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (Ir					FEC IDENTIFICATION NUMBER ▼
Women Speak Ou	t PAC				C C00530766
Check if 24-hour repor	t X 48-hour report	New rep	ort Amends rep	ort filed on	W = M / D = D / Y = Y = Y
Full Name of Payee				Date	of Public Distribution/Dissemination
Ruthie M Thom					09 19 2014
Mailing Address 286 W	renn Drive			Amou	unt
City		State	Zip Code	— I.	32.50
Lexington		NC	27292		saction ID : cf1a94f5-1622-413b-9 of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 001		09 / 19 / 2014
Name of Federal Cand	date		Support	Office Sough	ht: House District:00
Ms. Kay Hagan			Oppose	Presid	NO.
Calendar Year-To-E Per Election for O		3	318633.00	Disbursement 2014	nt For:
Full Name of Payee Marilyn A Holt					of Public Distribution/Dissemination
Martin and Adalas and					09 19 2014
Mailing Address 314	Tumbleweed Dr			Amo	unt
City		State	Zip Code		32.50
Winston Salem		NC	27127	Trans Date	action ID : 0fb6d47d-a6a9-479a-9 of Disbursement or Obligation
Purpose of Expenditure Salary)		Category/ Type 001	$\Box \mid \Box$	09 / 19 / 2014
Name of Federal Cand	idate		Support	Office Soug	ht: House District: 00
Ms. Kay Hagan			Noppose Noppose	Presid	
Calendar Year-To-I Per Election for O		7	318633.00	Disburseme 2014	nt For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemiz	zed Independent Expenditu	ıres		•	65.00
(h) SUBTOTAL of Unite	mized Independent Expend	litures			
(2)				•	7 7 7
(c) TOTAL Independent	Expenditures			··· •	7
with, or at the request o		date or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily B	uchanan	[Electron	ically Filed] Dai	te 09	21 2014
Signature					

Schedule E)	AT E115 5.1.25	PAGE 28 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Marilyn A Holt		Date of Public Distribution/Dissemination
Mailing Address 314 Tumbleweed Dr		09 19 2014 Amount
City Sta	te Zip Code	16.80
Winston Salem No	· ·	Transaction ID: 756c259d-d3a9-45ab-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 19 / 2014
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	318633.00 Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee Joanna Kindstedt Mailing Address 2134 Tobaccoville Rd		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
0::	The Anda	25.00
City Sta Rural Hall No	'	35.00 Transaction ID : ceef7644-a3ed-4ac7-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 19 2014
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	318633.00 Disb	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	51.80
(b) SUBTOTAL of Unitemized Independent Expenditures.	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of eithe	
Ms. Emily Buchanan	[Electronically Filed] Date	9 21 2014
Signature		

Schedule E)				PAGE 29 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour re	eport New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Gary W Fuhrmann			M = M	lic Distribution/Dissemination
Mailing Address 9425 Jessica Drive			Amount	19 2014
City	State	Zip Code		50.00
Shreveport	LA	71106		ID: 92f33244-1352-4d89-9 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	22209.33	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ►
Full Name of Payee Gary W Fuhrmann Mailing Address 9425 Jessica Drive			Date of Pub M 09 Amount	olic Distribution/Dissemination
City	State	Zip Code		13.80
Shreveport	LA	71106	Transaction Date of Disk	ID : c919f64b-a1ec-4711-b bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 09	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	122209.33	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Ex	xpenditures		•	63.80
(b) SUBTOTAL of Unitemized Independent	Expenditures		· •	7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09 / 21	2014
Signature				

Sc	hedule E)	I EXI EIID			PAGE 30 OF 58 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
T	Full Name of Payee Christopher Marquess				f Public Distribution/Dissemination
-	Mailing Address 110 W Pecan St				09 19 2014
-	City	State	Zip Code		50.00
	Ville Platte	LA	70586		action ID: eb573203-23da-4ef3-b f Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	M	09 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
l	Name of Federal Candidate		Support	Office Sought:	: House District:00
	Ms. Mary L Landrieu		X Oppose	Presider	nt Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	1	122209.33	Disbursement 2014 Oth	For: Primary X General
	Full Name of Payee Christopher Marquess			M	f Public Distribution/Dissemination
	Mailing Address 110 W Pecan St			Amoun	
ŀ	City	State	Zip Code		7.50
	Ville Platte	LA	70586		ction ID: 08b61f6c-c12c-4790-9 f Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		09 / 19 / Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office Sought	: House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	122209.33	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
((a) SUBTOTAL of Itemized Independent Expenditure	es			57.50
((b) SUBTOTAL of Unitemized Independent Expendit	tures			
((c) TOTAL Independent Expenditures			•	7 7 7
W	Under penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidates array committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	09	21 2014
	Signature				

Sch	edule E)	EXI ENDI	TOTILO		PAGE 31 OF 58 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC				C C00530766
Chec	k if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	/ = M / D = D / Y = Y = Y = Y
TF	Full Name of Payee			Date	of Public Distribution/Dissemination
	Adena V Smith				09 19 2014
M	Mailing Address 450 Judson Dr			Amou	ınt
C	City	State	Zip Code		42.50
	Wake Forest	NC	27587		saction ID: 0552260e-ceb3-4df3-b of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		09 / 19 / 2014
N	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
N	Ms. Kay Hagan		X Oppose	Preside	NC NC
	Calendar Year-To-Date Per Election for Office Sought	3	318633.00	Disbursemen 2014 O	nt For: Primary General Other (specify) ▶
	Full Name of Payee Adena V Smith				of Public Distribution/Dissemination
					09 19 2014
N	Mailing Address 450 Judson Dr			Amou	unt
	Dity	State	Zip Code	$ \Gamma$	4.50
-	Wake Forest	NC	27587		action ID : e1789c98-7990-45d1-b of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		09 19 2014
١	Name of Federal Candidate		Support	Office Sough	ht: House District: 00
	Ms. Kay Hagan		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		318633.00	Disbursemer 2014 C	nt For: Primary
(a)) SUBTOTAL of Itemized Independent Expenditures.				47.00
	,				
(b)) SUBTOTAL of Unitemized Independent Expenditur	'es		• •	
(c)) TOTAL Independent Expenditures			•	7 1 7 1 7
wit	nder penalty of perjury I certify that the independent th, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	e or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09	21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		_		

Sc	chedule E)		PAGE 32 OF 58 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC	IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC	С	C00530766
Che	neck if 24-hour report X 48-hour report New report Amends report	t filed on	/ D = D / Y = Y = Y
T	Full Name of Payee Francis Richardson	M = M	olic Distribution/Dissemination
-	Mailing Address 220 Doucet Rd	Amount	19 2014
-	City State Zip Code		27.00
	Lafayette LA 70503		n ID : 8af3a80b-9df4-45fe-9 bursement or Obligation
Ī	Purpose of Expenditure Salary Category/ Type 001	M 09	19 / 2014
ı	Name of Federal Candidate Support	Office Sought:	House District:00
	Ms. Mary L Landrieu Oppose	President	Senate State: LA
	Odiolidai lodi lo Bato	Disbursement For: 2014 Other (s	Primary X General Specify) ▶
	Full Name of Payee Francis Richardson	Date of Pub	olic Distribution/Dissemination
ľ	Mailing Address 220 Doucet Rd	Amount	النا النا
ŀ	City State Zip Code		3.69
	Lafayette LA 70503	Transaction Date of Dis	ID: f1e173b0-9960-4c22-b bursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	09	19 / 2014
	Name of Federal Candidate Support	Office Sought:	House District: 00
	Ms. Mary L Landrieu	President	Senate State: LA
		Disbursement For: 2014 Other (Primary X General specify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures	•	30.69
((b) SUBTOTAL of Unitemized Independent Expenditures	•	F 1 4 1 4 1
((c) TOTAL Independent Expenditures	.	7 1 7 1 7 1
W	Under penalty of perjury I certify that the independent expenditures reported herein were nowith, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date	M M / D 1	2014
	Signature		

Sch	nedule E)	L/(1 L. (L.	1011=0				PAGE 33 OF 58 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	ck if 24-hour report X 48-hour report	New repo	ort Am	nends repo	ort filed on	M M /	D = D / Y = Y = Y
T	Full Name of Payee Brandon Wheeler				_	M = M	c Distribution/Dissemination
1	Mailing Address 10112 Piney Creek Ct				Amo	09 unt	19 2014
	City S	State	Zip Code		— r		40.00
		NC	28215				ID: 8fca989c-e53f-49b0-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001] [M M 09	19 / 2014
T	Name of Federal Candidate		<u>' </u>	Support	Office Soug	ht:	House District: 00
	Mr. Mark L Pryor			Oppose	Presid	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		94086.88		Disburseme 2014	nt For: Other (sp	Primary
	Full Name of Payee Brandon Wheeler				Date	of Publi	c Distribution/Dissemination
	Mailing Address 10112 Piney Creek Ct				Amo	unt	
	City	State	Zip Code			1 - 00	10.50
		NC	28215				D: 07666df3-22a2-48cf-9 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002] [09	19 2014
	Name of Federal Candidate			Support	Office Soug	jht:	House District: 00
	Mr. Mark L Pryor		X	Oppose	Presid	dent	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		94086.88	8	Disburseme 2014	ent For: Other (sp	Primary X General Decify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures						50.50
(k	b) SUBTOTAL of Unitemized Independent Expenditures	+S			- - [1 1 2 1 1 2 1
(0	C) TOTAL Independent Expenditures				· -		
W	Inder penalty of perjury I certify that the independent of ith, or at the request or suggestion of, any candidate carty committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	e 09	21	2014
	Signature						

Schedule E)	INDENT EXPEND	TOTILS	PAGE 34 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour re	port New repo	ort Amends repo	t filed on
Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination
Mailing Address 404 Chancery Park Ct			09 19 2014 Amount
City	State	Zip Code	40.00
Kernersville	NC	27284	Transaction ID : e4043980-d28f-4a58-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	3	18633.00	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Jackson S Tuttle			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 404 Chancery Park Ct			Amount
City	State	Zip Code	7.50
Kernersville	NC	27284	Transaction ID: 8c0d49e1-78b8-4488-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1 1 7 1 1 7	318633.00	Disbursement For: Primary General 2014 General Other (specify) ▶
_			
(a) SUBTOTAL of Itemized Independent Ex	penditures		47.50
(b) SUBTOTAL of Unitemized Independent	Expenditures		>
(c) TOTAL Independent Expenditures			•
	candidate or authorized		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electroni	ically Filed] Date	09 / 21 / 2014

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Da	ate of Public Distribution/Dissemination
Michael Chinchar		09
Mailing Address 2730 Dave Ward Dr	Ar	nount
City	ate Zip Code	50.00
		ansaction ID: d3ae53a2-00ef-45d4-b ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 19 2014
Name of Federal Candidate	Support Office So	ught: House District: 00
Mr. Mark L Pryor	Oppose Pre	esident State: AR
Calendar Year-To-Date Per Election for Office Sought	94086.88 Disburser 2014	ment For:
Full Name of Payee Michael Chinchar Mailing Address 2730 Dave Ward Dr		ate of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	tate Zip Code	7.50
1 '	AR 72034 Tra	insaction ID : 2a0e1709-8f87-47c2-a ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 19 / 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Mr. Mark L Pryor	Oppose Pre	esident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	94086.88 Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	57.50
(b) SUBTOTAL of Unitemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
(c) TOTAL Independent Expenditures	·····	7 7 1 7
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate caparty committee) any political party committee or its age	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 09	21 2014
Signature		

PAGE

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OF

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Schedule E)	LINDLINI LXI LIND	ITOTILO	PAGE 36 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour	report New rep	ort Amends repo	rt filed on
Full Name of Payee Lauren E Heffington			Date of Public Distribution/Dissemination
Mailing Address 488 Broadwell Dr			09 19 2014 Amount
City	Ctata	7in Code	20.00
City Nashville	State TN	Zip Code 37220	20.00 Transaction ID: 809fbb7d-9ac7-4b12-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		94086.88	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Lauren E Heffington			Date of Public Distribution/Dissemination
Mailing Address 488 Broadwell Dr			09 19 2014 Amount
City	State	Zip Code	3.60
Nashville	TN	37220	Transaction ID : 048bab6a-c1d9-4973-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		94086.88	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent	Expenditures		23.60
(b) SUBTOTAL of Unitemized Independe	nt Expenditures		. •
(c) TOTAL Independent Expenditures			>
	any candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 21 2014
Signaturo			

Schedule E)	LIVI EXI END	ITORES	⊢	PAGE 37 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Sandra C Montalbano			Date of Public	Distribution/Dissemination
Mailing Address 4177 Lowerline St			09	19 2014
			Amount	
City	State	Zip Code		35.00
Slidell	LA	70461		: caaedc24-ff00-4cd0-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		122209.33	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Sandra C Montalbano			M M /	19 / 2014
Mailing Address 4177 Lowerline St			Amount	
City	State	Zip Code		4.50
Slidell	LA	70461	Transaction ID Date of Disbur	: cc24a792-c330-4253-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	122209.33	Disbursement For: [2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expen	ditures		•	39.50
			7	7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>	7
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 21	2014

Schedule E)					PAGE 38 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTE					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
Check if 24-hour r	report X 48-hour repo	ort New rep	ort Amends repo	ort filed on	M / D D / Y B Y B Y B Y
Full Name of Payer Bradley K Kis					of Public Distribution/Dissemination
Mailing Address 3	113 Imperial Valley Dr.			Amou	09 19 2014
0		01-1-	- 0 1-		20.00
City Little Rock		State AR	Zip Code 72212		20.00 action ID : ac13772a-90b6-4d5a-b of Disbursement or Obligation
Purpose of Expend Salary	iture		Category/ Type 001		09 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal C	andidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor			Oppose	Preside	
Calendar Year- Per Election fo	-To-Date or Office Sought		94086.88	Disbursemen 2014 O	t For: Primary X General
Full Name of Payer Bradley K Kis	singer				of Public Distribution/Dissemination
Mailing Address	3113 Imperial Valley Dr.			Amou	nt
City		State	Zip Code		5.10
Little Rock	II	AR	72212		ction ID: 043d5e03-e058-48d7-b f Disbursement or Obligation
Purpose of Expend Mileage	ilture		Category/ Type 002		09 / 19 / 2014
Name of Federal C	andidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor			Oppose	Preside	ent Senate State: AR
Calendar Year Per Election fo	-To-Date or Office Sought		94086.88	Disbursemen 2014 O	t For: Primary
(a) SUBTOTAL of It	temized Independent Exp	penditures			25.10
(b) SUBTOTAL of U	Jnitemized Independent E	Expenditures			
(2)	, , , , , , , , , , , , , , , , , , ,			·· •	7 7 7
(c) TOTAL Independ	dent Expenditures				7 7 7
with, or at the reque		candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
Ms. Em	ily Buchanan	[Electron	nically Filed] Date	e 09	21 2014
Signature			_		

Sc	hedule E)	1101120		PAGE 39 OF 58 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC			C00530766
Che	eck if 24-hour report X 48-hour report New repo	ort Amends repor	rt filed on	D D / Y Y Y Y
Т	Full Name of Payee Amelia Brackett			Distribution/Dissemination
-	Mailing Address 804 Roundabout Circle		09	19 / 2014
	Walling 7.44.555 804 ROundabout Circle		Amount	
	City State	Zip Code		60.00
	Searcy AR	72143		D: a65f871f-d401-4505-8 irsement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	09	19 / 2014
ı	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	X Oppose		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	94086.88	Disbursement For: 2014 Other (sp	Primary ☐ General
Ī	Full Name of Payee Kaitlyn B Allen			c Distribution/Dissemination
			09	19 2014
	Mailing Address 2121 Daniel Dr		Amount	
ŀ	City State	Zip Code		60.00
	Searcy AR	72143	Transaction ID Date of Disbu	D: 61c36b8f-e0de-4abf-8 ursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	09 /	19 / 2014
ľ	Name of Federal Candidate	Support	Office Sought:	House District:00
	Mr. Mark L Pryor	Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	94086.88	Disbursement For: 2014 Other (sp	Primary X General
((a) SUBTOTAL of Itemized Independent Expenditures		•	120.00
((b) SUBTOTAL of Unitemized Independent Expenditures		·	
((c) TOTAL Independent Expenditures			
`	C) TOTAL Independent Expenditures)	
٧	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electroni	nically Filed] Date	M M / D D D D D D D D D D D D D D D D D	2014
	Signature			

Schedule E)		1101120		PAGE 40 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Kaitlyn B Allen				ublic Distribution/Dissemination
Mailing Address 2121 Daniel Dr			09	19 2014
			Amount	
City	State	Zip Code		34.89
Searcy	AR	72143		on ID : 21beb95d-1e6d-41e8-a isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M M	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		94086.88	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Caleb A Smith			09	/ 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2646 N Valencia			Amount	
City	State	Zip Code		30.00
Fayetteville	AR	72703	Transactio Date of D	n ID : dffbe730-3894-4aa5-8 isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		94086.88	Disbursement Fo 2014 Other	r: Primary X General (specify) •
(a) SUBTOTAL of Itemized Independent Expendit	tures			64.89
				7
(b) SUBTOTAL of Uniternized Independent Exper	iditures		• •	4
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cand party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan	[Electro:	nically Filed] Date	9 09 2	2014
Signature		_		

Schedule E)	LIVI EXI EIV	DITORLO	PAGE 41 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee Caleb A Smith			Date of Public Distribution/Dissemination
Mailing Address 2646 N Valencia			09 19 / 2014
2040 11 Valoriola			Amount
City	State	Zip Code	7.20
Fayetteville	AR	72703	Transaction ID: 601ac2a5-ddc7-410b-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 19 / Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		94086.88	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Christine Stevens			09 19 2014
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	50.00
Winchester	VA	22602	Transaction ID: 45390f7a-81bc-4d5e-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		318633.00	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		. ▶ 57.20
# \ - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
(b) SUBTOTAL of Unitemized Independent Expe	nditures		. •
(c) TOTAL Independent Expenditures			•
	didate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	09 21 7 2014
- 3			

Schedule E)	NI EXI END	ITOTILO		PAGE 42 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee			Date of I	Public Distribution/Dissemination
Jazmine d Conner			Date of F	M / D D / Y Y Y Y
Mailing Address 100 ASBURY CT			Amount	
City	State	Zip Code		50.00
WINCHESTER	VA	22602		tion ID : d88c0e50-dad4-4a79-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		318633.00	Disbursement F 2014 Othe	or: Primary X General or (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Rodney O Culbreath			M 09	
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		50.00
Winchester	VA	22602		ion ID: 7618f9db-f0c1-4377-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7	318633.00	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	tures		,	100.00
(C) CURTOTAL of Unitermitted Independent Event				7
(b) SUBTOTAL of Unitemized Independent Exper	iditures		• •	7
(c) TOTAL Independent Expenditures			•	7 7 1 7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	lidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	-	_ i buic	ا لنا ا	للنتبا لت

Schedule E)	JENT EXTEND	HOHLO	PAGE 43 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Rodney D Culbreth			09 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury CT			Amount
3200 Dam Neck Rd			
City	State	Zip Code	50.00
Winchester	VA	22602	Transaction ID: c099a6b7-7622-4c8b-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	318633.00	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Rze Culbreath			09 19 2014
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	50.00
Winchester	VA	22602	Transaction ID : 21256fd7-f067-4ece-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	,,,,	318633.00	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		100.00
			7 7 7
(b) SUBTOTAL of Uniternized Independent Ex	oenditures		>
(c) TOTAL Independent Expenditures			•
	andidate or authorized		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5.ga.a. 5			

Scl	hedule E)		101120				PAGE 44 OF 58 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
							000000100
Che	eck if 24-hour report X 48-hour report	New repo	ort Am	nends repo	ort filed on	M = M /	D = D / Y = Y = Y
T	Full Name of Payee Stephanie L Heun				Date		c Distribution/Dissemination
-	•					09	19 2014
	Mailing Address 8026 S Wilwood Dr Apt 101				Amo	ount	
ŀ	City Si	State	Zip Code		$ $ Γ		40.00
Ĭ		WI	53154				ID: 7f551758-471d-4b63-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M M 09	19 2014
ŀ	Name of Federal Candidate		<u></u> :	Support	Office Sou	aht:	House District:00
	Mr. Mark L Pryor			Oppose			Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		94086.88		Disburseme 2014	ent For: Other (sp	Primary
ŀ	Full Name of Payee						c Distribution/Dissemination
	James Kindstedt					M = M	/ D D / Y Y Y Y
ŀ	Mailing Address 5510 Dogwood Dr					09	19 2014
	50.0 B0g552 2.				Amo	ount	
ľ	City	State	Zip Code				35.00
		NC	27105		Tran Dat	saction II e of Disbu	D: 9889c51e-43b3-4468-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	$\exists \mid \mid$	09	19 / 2014
	Name of Federal Candidate			Support	Office Sou	ight:	House District: 00
	Ms. Kay Hagan		X	Oppose	Pres	sident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		318633.0	0	Disbursem 2014	ent For: Other (sp	Primary X General Decify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures				· •		75.00
((b) SUBTOTAL of Unitemized Independent Expenditures	;S			· • [
((c) TOTAL Independent Expenditures				•		
						7	
W	Under penalty of perjury I certify that the independent of with, or at the request or suggestion of, any candidate coarty committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	e 09	/ 21	/ Y = Y = Y = Y = 2014
	Signature		_				

Schedule E)	ENT EXTEND	TI OTILO	PAGE 45 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination
Mailing Address 5510 Dogwood Dr			09 19 2014 Amount
City Winston Salem	State NC	Zip Code 27105	14.58 Transaction ID: dec74592-3e63-4908-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement of Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	-, -,	318633.00	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jon E Conner			09 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	50.00
Winchester	VA	22602	Transaction ID : 516eb675-2d4d-4194-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	-,,	318633.00	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		64.58
(b) SUBTOTAL of Unitemized Independent Expo	enditures		>
(c) TOTAL Independent Expenditures)
	didate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 21 2014
Olgriatule			

Schedule E)	W 111511 5.115		PAGE 46 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C00530766
Check if 24-hour report X 48-hour report	New report Amends	report filed on	D = D / Y = Y = Y = Y
Full Name of Payee Marysol Netro			c Distribution/Dissemination
Mailing Address 312 S Gunter St		09	19 / 2014
		Amount	
City State			60.00
Siloam Springs AR	72761	I	D: 638d57a9-be4e-4648-8 ursement or Obligation
Purpose of Expenditure Salary	Category/ Type	001 09	19 / Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Suppo	rt Office Sought:	House District: 00
Mr. Mark L Pryor	X Oppos		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	94086.88	Disbursement For: 2014 Other (sp	Primary ☐ General
Full Name of Payee		Date of Public	c Distribution/Dissemination
Clarissa Smith		M M M M	19 2014
Mailing Address HU 10233 915 E Mancet Ave		Amount	
City Stat	e Zip Code		40.00
Searcy AR	·	Transaction II Date of Disbu	D: 287a376b-84e4-44db-a ursement or Obligation
Purpose of Expenditure Salary	Category/ Type	001 09	19 / 2014
Name of Federal Candidate	Suppo	rt Office Sought:	House District:00
Mr. Mark L Pryor	X Oppos	e President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	94086.88	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenditures			100.00
(a) SUBTOTAL OF REHIZED THEFFICE EXPENDITURES		<u> </u>	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures			4
(c) TOTAL Independent Expenditures		······ •	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or age		
Ms. Emily Buchanan	[Electronically Filed]	Date 09 21	2014
Signature			

Schedule E)	INDEFENDENT EXPEN	JII OI LEO	PAGE 47 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	,		C C00530766
Check if 24-hour report	48-hour report New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Clarissa Smith			09 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address HU 10233 915	E Mancet Ave		Amount
City	State	Zip Code	31.50
Searcy	AR	72149	Transaction ID: 7a595cb0-cbbd-471f-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sou	ght	94086.88	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
James Tatro			09 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1208 Braebu	ırn Rd		Amount
City	State	Zip Code	80.00
Charlotte	NC	28211	Transaction ID: 0d13ea79-e34d-45dc-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sou	ght	318633.00	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Inde	pendent Expenditures		111.50
			7 7 7
(b) SUBTOTAL of Unitemized In	dependent Expenditures		•
(c) TOTAL Independent Expendi	tures		>
	tion of, any candidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	09 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

	chedule E)	PAGE 48 OF 58 FOR SE OF FORM 24/48
	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC	C C00530766
Cł	neck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	James Tatro	09 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1208 Braeburn Rd	Amount
	City State Zip Code	8.10
	Charlotte NC 28211	Transaction ID : 9220b916-a020-431e-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	09 19 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary
	Full Name of Payee	Date of Public Distribution/Dissemination
	Todd Ellis	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address P.O. Box 712	Amount
	City State Zip Code	60.00
	Alexander AR 72002	Transaction ID: 971c043d-34ce-4e1b-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	M 09 / 19 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rrsement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	68.10
		7 7 7
	(b) SUBTOTAL of Unitemized Independent Expenditures	72 72
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	
	Signature	

Schedule E)	TI EXI EITE	TI OILE	PAGE 49 OF FOR SE OF FORM 2	58 4/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUM	BER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemin	ation
Todd Ellis			09 / 19 / Y Y Y 201	4
Mailing Address P.O. Box 712			Amount	
City	State	Zip Code		15.00
Alexander	AR	72002	Transaction ID : eed91eb8-50d4-44 Date of Disbursement or Obligation	11a-8
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y 201	4
Name of Federal Candidate		Support	Office Sought: House District:	00
Mr. Mark L Pryor		X Oppose	President Senate State:	AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	94086.88	Disbursement For: Primary 2014 Other (specify) ▶	General
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemin	ation
Kelly Dolan			09 19 20	Y Y 14
Mailing Address 543 S 2nd St			Amount	
City	State	Zip Code	80	0.00
Bellaire	NC	77401	Transaction ID : 0e4dc675-363e-4e4 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	09 / 19 / Y Y	
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Mary L Landrieu		X Oppose	President Senate State:	LA
Calendar Year-To-Date Per Election for Office Sought	7	122209.33	Disbursement For: Primary X 0	General
(a) SUBTOTAL of Itemized Independent Expenditu	res		95.0	00
(4)			7	
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		>	
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
-				

Schedule E)	I LAI LINDI	TOTILO		PAGE 50 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Kelly Dolan			Date of Public	Distribution/Dissemination
Mailing Address 543 S 2nd St			09	19 2014
			Amount	
City	State	Zip Code		10.50
Bellaire	NC	77401		D: a52c2717-bc1e-4c82-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	<u> </u>
Calendar Year-To-Date Per Election for Office Sought		22209.33	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Carol L Walters			09	19 / 2014
Mailing Address 1900 Glen West Way			Amount	
City	State	Zip Code		95.00
Fort Smith	AR	72916		: b5d52b97-8a8a-495e-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 /	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	94086.88	Disbursement For: 2014 Other (spe	Primary X General ecify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	·S			105.50
,				7 7
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 21	2014
Signature				

Sc	chedule E)	L /(L /(L)					PAGE 51 OF 58 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amer	nds repo	rt filed on	= M /	D = D / Y = Y = Y
T	Full Name of Payee Carol L Walters					- M /	Distribution/Dissemination
ŀ	Mailing Address 1900 Glen West Way				Amou	09 nt	19 2014
-	City	State	Zip Code				8.10
	Fort Smith	AR	72916				D: 8abc9ad4-ca0c-49cf-8 Irsement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		09	19 / 2014
Ì	Name of Federal Candidate		Su	pport	Office Sough	t:	House District:00
	Mr. Mark L Pryor			ppose	Preside	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	J	94086.88		Disbursement 2014 O	t For: ther (sp	Primary
	Full Name of Payee John P Hilkert					of Public	Distribution/Dissemination 19 2014
	Mailing Address 7 Bards Lane				Amou	nt	
ľ	City	State	Zip Code			- 40	2.50
	Fletcher	NC	28732				D: 2964e6f2-66a2-4b9f-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		09	19 2014
	Name of Federal Candidate		Su	upport	Office Sough	nt:	House District:00
	Ms. Kay Hagan		X Op	pose	Presid	ent \sum	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, , ,	318633.00		Disbursemer 2014 C		Primary X General Decify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures	3			· •		10.60
((b) SUBTOTAL of Unitemized Independent Expenditure	ires			· -	1 1	
((c) TOTAL Independent Expenditures				· [- 7	
٧	Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized					
	Ms. Emily Buchanan	[Electron	nically Filed]	Date	09	21	2014
	Signature						

Schedule E)			1101120		PAGE 52 OF 58 FOR SE OF FORM 24/48
NAME OF COMMIT	,				FEC IDENTIFICATION NUMBER ▼
Women Spea	ak Out PAC				C C00530766
Check if 24-hou	ur report X 48-hour repor	rt New rep	oort Amends repo	ort filed on	* M / D = D / Y = Y = Y
Full Name of Pa					of Public Distribution/Dissemination
Mailing Address	506 N Horton Street			Amou	09 19 2014
Oit.		Ctata	Zin Codo		50.00
City Searcy		State AR	Zip Code 72143		50.00 action ID : dd02651f-7fc1-4ae7-b of Disbursement or Obligation
Purpose of Expo Salary	enditure		Category/ Type 001		09
Name of Federa	al Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryc	or		X Oppose	Preside	ent Senate State: AR
Calendar Y Per Electio	ear-To-Date n for Office Sought		94086.88	Disbursement 2014 O	t For:
Full Name of Pa Parker H M Mailing Address	orrow				of Public Distribution/Dissemination 09
City		State	Zip Code	- $ $ $ $ $ $ $ $	22.20
Searcy		AR	72143	Transa Date	ction ID : dc0f3323-52fb-4a10-8 of Disbursement or Obligation
Purpose of Exp Mileage	enditure		Category/ Type 002	M	09 / 19 / 2014
Name of Federa	al Candidate		Support	Office Sough	t: House District:00
Mr. Mark L Pryc	or		X Oppose	Preside	ent X Senate State: AR
	ear-To-Date n for Office Sought		94086.88	Disbursemen 2014 O	t For:
(a) SUBTOTAL of	of Itemized Independent Expe	nditures		•	72.20
(b) SUBTOTAL of	of Unitemized Independent Ex	penditures		. •	171171171
(c) TOTAL Indep	endent Expenditures			•	7 7 7
with, or at the re-		andidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	Emily Buchanan	[Electron	nically Filed] Date	9 09 /	21 2014
Signature					

Sc	chedule E)	h	1101120			PAGE 53 OF 58 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC ID	ENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC					C00530766
Che	eck if 24-hour report X 48-hour report	New repo	port Amends repo	rt filed on	M M /	D D / Y Y Y Y Y
Ī	Full Name of Payee Rebecca A Shearer			Date	of Public	Distribution/Dissemination
				[09	19 / 2014
	Mailing Address 6544 Arno College Grove Rd			Amo	unt	
	City State		Zip Code			50.00
	College Grove TN		37046			D: 1dba82a8-cfa4-4c75-a rsement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001] [09	19 / 2014
Ì	Name of Federal Candidate		Support	Office Soug	ht:	House District:00
	Mr. Mark L Pryor		X Oppose	Presid	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		94086.88	Disburseme 2014	nt For: Other (spe	Primary ☐ General
	Full Name of Payee			Date	of Public	: Distribution/Dissemination
Ì	Tylan S Green				M M /	10 / ΥΙΥΙΥΙΥ
	Mailing Address 2320 Saint Nick Dr			L	09	19 2014
	2020 Odilik Mick Di			Amo	unt	
	City State		Zip Code			80.00
Ì	New Orleans LA		70131	Trans Date	action ID of Disbu	: bea2022c-ac8a-49e2-9 rsement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	$\Box \mid \Box$	09	19 / 2014
Ì	Name of Federal Candidate		Support	Office Soug	ht:	House District:00
	Ms. Mary L Landrieu		Oppose	Presid	dent >	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		122209.33	Disburseme 2014	nt For: Other (sp	Primary X General
((a) SUBTOTAL of Itemized Independent Expenditures			·	7	130.00
((b) SUBTOTAL of Unitemized Independent Expenditures			· -		
	(c) TOTAL Independent Expenditures			•	-7-	
١	Under penalty of perjury I certify that the independent expe with, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.					
	Ms. Emily Buchanan	[Electron	nically Filed] Date	M = M /	21	/ Y Y Y Y Y Y Y 2014
	Signature					

Schedule E)	EXI EIID	101120		PAGE 54 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Mew tept	Amenda Tepe	Trailed on	
Full Name of Payee Tylan S Green			M	f Public Distribution/Dissemination
Mailing Address 2320 Saint Nick Dr			Amour	1
City	State	Zip Code		15.90
New Orleans	LA	70131		action ID : 5ba34ee2-6c9c-40cf-a f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		09 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	. 1	22209.33	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
Joneisha Stewart				09 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2329 Runnymede Dr				
			Amour	11
City	State	Zip Code		50.00
Marrero	LA	70072	Transac Date o	ction ID : 6001924e-442f-437e-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	09 19 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	nt X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	122209.33	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
-				
(a) SUBTOTAL of Itemized Independent Expenditures	S		•	65.90
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / 09	21 2014
Signature		_		

Schedule E)	LIGHT LAILING	TOTILO		PAGE 55 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour	report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Joneisha Stewart			09 09	19 / 2014
Mailing Address 2329 Runnymede Dr			Amount	
City	State	Zip Code		6.90
Marrero	LA	70072		ID: bfc1136d-1ad0-46e9-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	19 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	22209.33	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Timothy Foley			M	/ D D / Y Y Y Y
Mailing Address 20679 Glenbrook Te			09	19 2014
ZUD/ 9 GIGIDIOOK 16	rrace		Amount	
City	State	Zip Code		25.00
Sterling	VA	20165	Transaction I Date of Disb	D: f4f7f4f8-7cbc-4037-8 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		94086.88	Disbursement For: 2014 Other (s	Primary X General pecify) ►
(a) SUBTOTAL of Itemized Independent	Expenditures		· •	31.90
(b) SUBTOTAL of Unitemized Independent	ent Expenditures		•	
(c) TOTAL Independent Expenditures			•	7 1 2
Under penalty of perjury I certify that th with, or at the request or suggestion of, party committee) any political party committee	any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09 21	2014
Signature		_		

Schedule E)	INT EXI END	HONES	PAGE 56 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	oort Amends repo	rt filed on
Full Name of Payee	<u></u>		Date of Public Distribution/Dissemination
Chris McCoy			09 19 / 2014
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	17.50
High Point	NC	27260	Transaction ID : 0ca3ad54-b1b9-4a24-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	318633.00	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			09 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	13.50
High Point	NC	27260	Transaction ID : f92c7687-2861-4d91-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	318633.00	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		31.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorized		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 21 7 2014
-			

Schedule E)	EXI ENDITOTIE		PAGE 57 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New report	Amends report	filed on M = M / D = D / Y = Y = Y
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct			09 19 2014 Amount
City	tate Zip Code		72.50
High Point	NC 27260		Transaction ID : 69c0cf9f-c0c4-432d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Categor Typ		09 / 19 / 2014
Name of Federal Candidate	'	Support	Office Sought: House District:00
Ms. Kay Hagan	X	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	318633.00		Disbursement For: Primary General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Danielle McCoy			09 19 2014
Mailing Address 1025 Cayley Ct			Amount
City S	State Zip Code		12.90
'	NC 27260		Transaction ID : 0ab3a09f-b670-4097-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Categor Typ		M 09 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan	X	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	318633		Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			85.40
(b) SUBTOTAL of Unitemized Independent Expenditure:	s		•
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized committe		
Ms. Emily Buchanan	[Electronically Filed	Date	09 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Sched	lule E)	I EXI END	TOTILO		PAG FOR	E 58 OF 58 SE OF FORM 24/48
	OF COMMITTEE (In Full)					FICATION NUMBER ▼
Wom	nen Speak Out PAC					30766
Check if	f 24-hour report X 48-hour report	New repo	ort Amends rep	port filed on	M = M / D	D / Y = Y = Y
I Full	Name of Payee			Date	of Public Diet	-th-tion/Discomination
EI	eanor McCoy			Date	M M / D	ribution/Dissemination
Mail	ling Address 4902 Catawba Dr			Amo	ount	
City		State	Zip Code			85.00
Gre	eensboro	NC	27407			c8969b2-cbe6-49f2-9 ent or Obligation
Purp Sal	pose of Expenditure lary		Category/ Type 001			19 / 2014
Nan	ne of Federal Candidate		Support	Office Soug	aht: Ho	ouse District: 00
Ms.	. Kay Hagan		X Oppose	Presi		nate State: NC
	Calendar Year-To-Date Per Election for Office Sought	3	318633.00	Disburseme 2014	ent For: Other (specify)	Primary General
	Name of Payee			Date	e of Public Dist	ribution/Dissemination
El	eanor McCoy					10 / Y Y Y Y Y
	ling Address 4902 Catawha Dr				09	19 2014
	iling Address 4902 Catawba Dr			Amo	ount	
City	,	State	Zip Code			14.70
	eensboro	NC	27407	Trans Date	saction ID: 170 of Disbursem	6b227b-82e0-4dbf-b ent or Obligation
	pose of Expenditure eage		Category/ Type 002			19 / 2014
Nar	ne of Federal Candidate		Support	Office Sou	ght: Ho	ouse District: 00
Ms	. Kay Hagan		Oppose			enate State: NC
	Calendar Year-To-Date Per Election for Office Sought	7 7	318633.00	Disburseme 2014	ent For: Other (specify)	Primary
(a) S	SUBTOTAL of Itemized Independent Expenditure)S		▶	7	99.70
(b) S	SUBTOTAL of Unitemized Independent Expenditu	ures		_		7 1 5
(c) T	TOTAL Independent Expenditures			···· \	7	3419.33
with,	er penalty of perjury I certify that the independe or at the request or suggestion of, any candidat committee) any political party committee or its	ite or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed] Dai	te 09	21	2014
Si	ignature		_			